

2855

WRITING WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified.
 If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information.
 Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health		120
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH		
COUNTY	<u>Graham</u>	TERRITORIAL INDEX NO.		
DISTRICT	<u>Pima</u>	COUNTY REGISTERED NO.	<u>7</u>	
TOWN	<u>Pima</u>	ST. LOCAL REGISTRAR'S NO.	<u>6</u>	
OR CITY	<u>Pima</u>	(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		
FULL NAME <u>Harold Eldon Cluff</u>				
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH		
SEX	<u>male</u>	DATE OF DEATH	<u>Jan. 15th</u> 191 <u>3</u>	
COLOR or RACE	<u>White</u>	(Month)	(Day)	(Year)
SINGLE MARRIED WIDOWED or DIVORCED	<u>WIDOWED</u>	I hereby certify, that I attended deceased from <u>Jan. 15th 1913</u> to <u>Jan. 15th 1913</u> ; that I last saw him alive on <u>1/15</u> 191 <u>3</u> and that death occurred on the date stated above at <u>4 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Bronchitis</u>		
DATE OF BIRTH	<u>May 7th</u> 191 <u>2</u>	(Duration) <u>4</u> yrs. <u>8</u> mos. <u>8</u> days		
AGE	<u>8</u> yrs. <u>8</u> mos. <u>8</u> days	Was disease contracted in Arizona? <u>yes</u>		
OCCUPATION	(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	If not, where? _____		
BIRTHPLACE	<u>Pima Arizona</u>	CONTRIBUTORY _____		
NAME OF FATHER	<u>David Wm Cluff</u>	(Signed) <u>W E Platt</u> M. D.		
BIRTHPLACE OF FATHER	<u>Provo Utah</u>	_____, 191____ (Address) _____		
MAIDEN NAME OF MOTHER	<u>Nancy A. Porter</u>	*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
BIRTHPLACE OF MOTHER	<u>Morgan Co. Utah</u>	LENGTH OF RESIDENCE		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death <u>4</u> yrs. <u>8</u> mos. <u>8</u> ds. In Arizona <u>4</u> yrs. <u>8</u> mos. <u>8</u> ds.		
(Informant)	<u>Nancy A. Cluff</u>	Former or Usual Residence _____		
(Address)	<u>Pima Ariz.</u>	Filed <u>Feb. 5</u> 191 <u>3</u> <u>Mrs. H. D. French</u> Local Registrar		
PLACE OF BURIAL OR REMOVAL	<u>Pima Ariz.</u>	Filed <u>2/8</u> 191 <u>3</u> <u>R. G. Dryden</u> County Registrar		
DATE OF BURIAL OR REMOVAL	<u>Jan. 16th</u> 191 <u>3</u>			
UNDERTAKER				
ADDRESS				